BOARD OF REGISTRATION AND DISCIPLINE IN MEDICINE

Annual Report for Calendar Year 1976

Annual Report for Fiscal Year 1976

Submitted by:
Claude E. Welch, M.D., Chairman
Charlotte B. Cloutier, M.A., Secretary

PUBLICATION: # 9618-28-75-3-77-C.R.
APPROVED, by Alfred C. Holland, State Purchasing Agent.

TABLE OF CONTENTS

ANNUAL REPORT FOR FISCAL YEAR 1976

AND FOR CALENDAR YEAR 1976

In compliance with General Laws Chap. 112, sec. 4

1. FUNCTION AND PURPOSE - General Laws Chap. 112, secs. 2 through 12R

Activities of the Board of Registration and Discipline in Medicine include registration of physicians by examination or by endorsement, temporary registration of physicians: limited registration of interns, residents, fellows, medical officers: also included are investigation of complaints, adjudicatory hearings, and disciplinary decisions. The Board also licenses physical therapists by examination or by endorsement. Other functions are verification of registration for Registry of Motor Vehicles and others, approval of hospital affiliations for training programs, the initiation of legislation, review of proposed new legislation pertaining to registration of physicians and the practice of medicine, and the promulgation of rules and regulations pertaining to the practice of medicine, and to disciplinary proceedings and hearings before the Board. Finally, the Board maintains records of all registrants. Information on all registrants is updated biennially through reregistration of physicians and physical therapists. Chapter 362 of the Acts of 1975 changed the name of the Board from the Board of Registration in Medicine to the Board of Registration and Discipline in Medicine, altered the membership of the Board and vastly expanded its disciplinary powers.

2. MEMBERSHIP OF THE BOARD - General Laws Chap. 13, sec. 10

Members of the Board	Date of Appointment	Term Expires
Atty. George Annas	January 1976	1979
Reginald Benn, M.D.	" "	1979
Carl E. Cassidy, M.D.	" "	1977
Charlotte Cloutier M.A.	" "	1977
Valentine Donahue, M.D.	" "	1978
Stuart Shapiro, M.D.	" "	1979
Claude E. Welch, M.D.	" "	1978

At its first meeting on January 26, 1976, the newly appointed board members elected officers for the coming year. Dr. Claude Welch was elected Chairman, Atty. George Annas was elected Vice Chairman, Dr. Stuart Shapiro was elected Secretary and Mrs. Charlotte Cloutier was elected Administrative Secretary. At the second meeting, on February 6, 1976, for the purpose of dividing up the workload, the following assignments were made: Atty. Annas became the Chairman of the Complaint Committee, to be assisted by Dr. Cassidy: all the problems with licensure were to be handled by Dr. Shapiro and Mrs. Cloutier, the extensions of limited licenses by Dr. Benn, liaison with the nurses by Dr. Donahue, and miscellaneous correspondence to be handled by Dr. Welch. Because of the constantly increasing volume of complaints, Dr. Benn was unanimously added to the Complaint Committee on October 15, 1976.

3. MEETINGS OF THE BOARD - General Laws Chap. 13, sec. 10

The Board is obligated by statute to meet at least once a month. In order to cope with the volume of work, the Chairman requested two meetings a month, ordinarily on the 1st and 3rd Fridays of each month, unless conflicting schedules made it impossible to have a quorum. The Board met 24 times during 1976, on the following days: January 26; February 6, 13, 20: March 5, 19: April 2, 13, 30; May 21; June 4, 18, 25; July 2, 16; August 6; September 10, 17: October 1, 15: November 5, 16; December 3, 17.

Board meetings are open to the public, unless under the provisions of General Laws, Chap. 30A, s. 11A(2), the Board votes to go into executive session. The Board went into executive session twice: on April 13th to discuss evidence relating to the Civil Service Case, and on November 16, 1976, as requested by Atty. Peter F. Brady, in connection with the hearing of Dr. Robert T. Breed.

4. LEGISLATION 1976

The Board did not initiate any new legislation in 1976, although several bills were introduced by the Division of Registration on behalf of the Board of Medicine.

Legislation pertaining to the operation of the Board, or to the practice of medicine, that became law in fiscal year 1976 are the following:

H-201 -

This bill was introduced by the Division of Registration and permits medical students to practice of medicine under supervision. Such students must have completed two years of medical school, be supervised by a licensed physician; they may not sign certificates of birth or deaths, or prescribe or dispense narcotic drugs as defined in General Laws Chap. 94C, sec. 1. With the enactment of this law, students no longer need to register with the Board to obtain a "certificate of registration," which used to be sent to the medical school where they were studying.

H-5443 -

This pertains to the practice of midwifery. Several bills were introduced during the session pertaining to midwives: the more conservative bill would allow a specialized nurse to work as a midwife with a member of a health care team, and the most liberal bill would allow midwives with 80 or more hours of basic training in specified subjects to practice midwifery in homes.

H-5443 which represented the more conservative approach, that is, the nurse-midwife (registered nurse and certified midwife) must work as a member of a team which includes an obstetrician-gynecologist and all deliveries must take place in facilities licensed by the Department of Public Health for the operation of maternity and newborn services, was enacted.

The Board reviewed and made recommendations on the following bills which were not enacted:

H-200 -

This bill was introduced by the Division of Registration and provided for the modification of limited registration of interns, residents, fellows and medical officers. This law would have changed limited registration from a one-year to a five-year cycle, and from a fee of $5.00 to $50.00. It also provided for discretionary powers for the Board to waive ECFMG requirements for foreign graduates, thus allowing physicians in Fifth Pathway Programs to complete residency requirements in this State. The major shortcoming of this bill was that appointments would have been recorded by the health care facility on the limited license and the limited license was to remain in the custody of the physician. The Board would no longer know where to locate physicians on limited registrations. The Board filed a bill in the 1977 legislative session which would allow physicians in a Fifth Pathway Program to obtain a limited registration without an ECFMG standard certificate.

H-202 -

This bill would permit registration without examination of a distinguished physician. The Board supported the bill while stressing the fact that it would have the final word in deciding who qualified to be called a "distinguished physician."

H-1061 -

The Board unanimously opposed this bill providing for the registration of Thomas G. Young as a qualified physician.

H-1564 -

This bill provided for the regulation of acupuncture. The Board was opposed to the bill as written and made the following statement regarding acupuncture at the Board meeting of December 17, 1976: "Acupuncture is a form of treatment, the value of which has not yet been established. It is to be performed only by those who are considered to be adequately trained by medical schools, or hospitals, or clinics licensed by the Department of Public Health, where these treatments are to be performed."

H-3234 -

This bill provided for the suspension of a physician's license, upon notice of his conviction for a criminal offense, or upon specific finding by the Board that such action is warranted by imminent danger to the Public Health or safety. The Board endorsed the intent of this bill, but cautioned that one of its provisions was unrealistic, to specify: the Board shall afford the physician an opportunity for a hearing within ten days of such suspension."

S-460 -

This bill would have required either continuing education or re-examination as requirements for registration renewal of physicians. The bill called for 80 hours of continuing education or, at the option of the physician, an examination every four years. Board certified physicians would have to present evidence of recertification and members of recognized State medical societies would have to furnish evidence that they have fulfilled the continuing education requirements necessaty to maintain membership in the

society. While the Board's sense was that continuing education should eventually become one of the requirements for relicensure, it recommended to the Health Care Committee that such requirements should become mandatory through the Board's regulations rather than by statute, thus allowing for some flexibility in its implementation. On December 3, 1976, the Board adopted the policy of 50 hours per year of CME activity. Such requirement is to be effective in 1978, at which time all the physicians will be advised of it, and the proof of 50 hours of CME activity will be required for re-registration in 1980. A committee of two Board members, Dr. Welch and Mrs. Cloutier, was chosen to act as a liaison between the Board and the Massachusetts Medical Society.

5.A. LICENSURE - LIMITED LICENSES

Limited licenses are issued to enable a physician to complete his training before obtaining full licensure. Such licenses are issued for a maximum of five years: extensions beyond the five-year period are granted at the discretion of the Board. Limited licenses have to be re-issued every year: the Board issued 2,926 such licenses in 1976. Two limited licenses were granted by majority vote of the Board, two were denied and one case is still pending. Twenty-eight limited licenses were extended beyond the five-year period: extensions vary from three months to one year depending on the circumstances of each particular appointment.

The Board, wishing to re-emphasize the fact that a limited license is issued to allow a physician to complete his training before seeking full licensure, adopted the following guideline on October 15, 1976: a limited registration, beyond five years, will only be extended to allow a physician to sit at two FLEX examinations during a one-year period. This guideline does not apply to physicians currently completing a residency program and

who will become Board certified specialists. This policy applies to those physicians who are not involved in further training and are on limited licenses because they have been unable to pass the FLEX.

5.B. LICENSURE - PERMANENT LICENSES

Permanent licenses are issued to physicians either by examination, i.e., FLEX or by endorsement of a physician's certificate from an approved specialty board, by endorsement of a physician's certificate from the National Board of Medical Examiners of the United States or the National Board of Examiners for Osteopathic Physicians and Surgeons of the American Osteopathic Association, or by endorsement of a physician's license from another state, Puerto Rico or Canada. The Board granted permanent licenses on the basis of endorsement to 1487 physicians during 1976. The candidates seeking endorsement by virtue of their certificate from the National Boards outnumbered those seeking endorsements of their certificates from a specialty board by a ratio of two to one. The Board granted permanent licenses on the basis of examination to 243 physicians during 1976. The Board intends to file legislation in the coming year that would not permit a physician to be issued a permanent license solely on the basis of endorsement of his/her certificate from a specialty board. Massachusetts is one of the last states left that allows physicians to be licensed solely on the basis of a specialty board endorsement.

5.C. LICENSURE - FLEX EXAMINATION

The Board administered two FLEX examinations in its first year, in June and in December. Both examinations were conducted at the Bradford Hotel. The total cost of each examination was approximately $4,400.00, of which $900.00 was for the room, $1,500.00 for the chairs and $2,000.000 for the proctors.

The room utilized for June and December FLEX was more suitable than the one utilized the previous year, but it was judged to be inadequate and below standard by the Board. We are now attempting to find a more suitable room for the next examination, as we expect over 500 candidates. We deplore the fact that State space is not available for such large groups and that chairs have to be rented over and over again. We sincerely hope that the Secretary of Consumer Affairs will look into this matter: solving the problem of the examination room and the chairs would be of great help to us. At the moment we are unable to inform candidates of the location of the examination until nearly the last minute, about 30 days before the examination. In the meantime, candidates tie up our telephone lines with inquiries, and we also must send out additional information, when available, thus increasing the cost. The major improvement in having State space for examination would be that we could more carefully monitor the conduct of the candidates during the examination. New rules are now being drafted regarding the problem of cheating during the examination, but they will remain difficult to implement in an overcrowded room.

During 1976, more than 700 candidates applied for admission to the FLEX examination. However, only 525 took the examination and 243 passed. Thus, less than 50% of the candidates achieved a grade of 75% or better. There is no limit to the number of times a candidate may sit for the FLEX examination. The high percentage of failure may be explained by the fact that at least 25% of those taking the examination have already taken it, and have failed several times.

The Board also adopted the following policy on March 5th: those candidates applying for original licensure in Massachusetts through the FLEX examination need not write the examination in this State; however, the Board will no

longer admit candidates who are seeking licenses in another state to the examination in Massachusetts. The procedures connected with the administration of the examination have been revised and improved in order to insure a more expeditious handling of each application. Candidates are now advised of their passing or failing grade within one week of receipt of the grades in the office, but they still have to wait six to eight weeks before they receive their license, mainly due to acute understaffing in the office.

6. RE-REGISTRATION FOR PHYSICIANS

General Laws Chap. 112, sec. 2, as amended by Chap. 362 of the Acts of 1975, mandates that all physicians registered in Massachusetts renew their certificates of registration on January 15, 1976, and at two year intervals thereafter, for a fee of $50.00. Certificates of registration of physicians who do not comply with this new law are automatically revoked, but can be reinstated upon completion of the renewal process. Because of the difficulties in reaching all the physicians registered in Massachusetts and those residing out of State, the deadline for the renewal was extended to March 31, 1976. As of December 31, 1976, 14,248 physicians had renewed their licenses at the cost of $50.00 each, thus generating hundreds of dollars which revert to the General Fund. The re-registration of physicians was the first attempt ever made to assess the number of physicians currently registered in the Commonwealth. Further analysis of the data collected will produce tables helpful to health planners and also to the Board. The re-registration form for 1978, now being designed, will contain pertinent questions relating to medical discipline, and other questions not included on the first re-registration form. The Board hopes to collect reliable and accurate data in order to

best evaluate the state of medicine in the Commonwealth, and to utilize it as a basis for future board's policies and decisions.

7. CONTINUING MEDICAL EDUCATION (CME)

On December 3, 1976, the Board voted unanimously in favor of drafting regulations requiring continuing medical education as one of the requirements for relicensure. The Board shall require 100 hours of CME every two years. The Board will accept the Physicians' Recognition Award of the AMA, the CME requirements of the Massachusetts Medical Society (MMS), membership in the American Academy of Family Practice, and recertification by the Specialty Boards as methods of fulfilling the CME requirement. SUch requirement will be effective in 1978 and evidence of CME will have to be furnished for re-registration in 1980. Needless to say, this requirement will cause serious administrative problems. The first one is that the Massachusetts Medical Society has now started a cycle of three years, to end in 1980, and that we will start a cycle of two years in 1978, to end in 1980. Legislation should be filed in 1979 to extend the re-registration period to three years, after 1980, so that we may be in step with the Massachusetts Medical Society. The Board will have to rely on computer print-outs from the AMA and the MMS as proof of CME activity for each physician seeking re-registration.

8. AFFILIATIONS

The Board approved 19 affiliations between health care facilities and/or programs for training purposes in 1976. Affiliations are approved after the Board receives a letter requesting affiliation from both parties. At the present time, no further investigation is conducted and, to say the least, the Board has allowed "affiliations" to be the least regulated.

As a result, hospitals may form an affiliation solely for the purpose of rotating one resident. At a later date, when conditions have changed, hospitals rotate residents because they are affiliated, and often without having adequate supervision, or a decent teaching program. The Board discussed the problem of affiliations at its first meeting; while several issues were then discussed, no specific action was taken to correct the situation. In the coming year, the Board shall examine the limitations of affiliations, and make an inventory of all affiliations. In the future, hospitals wishing to affiliate may be required to answer a questionnaire prepared by the Board, describing the purpose of the affiliation, the availability of supervisors and of learning opportunities. The Board's decision to grant an affiliation should be based on the data collected, upon recommendation of the secretary, or other members of the Board.

9. PHYSICAL THERAPISTS

There was one major change in the Board's rules and regulations pertaining to physical therapists during 1976. Applicants for the examination may go to work as soon as their application for admission to the examination has been received in the office, and deemed to be complete. However, the same did not apply to physical therapists who were seeking endorsement of their credentials from another State. Proposed changes in these regulations were presented at a public hearing on June 4, 1976, and became effective on August 19, 1976. We renewed 1861 licenses of physical therapists this year. There were no complaints filed against physical therapists during the year. The Board inherited one complaint from the previous Board and no action has yet been taken on it.

In the coming year, the Board should look at the situation of working privileges granted to physical therapists while an applicant is waiting for the next examination. We have no statutory limitations as to the number of times a physical therapist may write the examination, and he or she may work as long as the application for admission to the examination is in the office. Theoretically a physical therapist who has failed the examination several times could continue working as long as the application is in the office. This situation should be corrected.

10. MEDICAL DISCIPLINE

Volume of complaints: In 1976, the Board received 253 complaints, compared to 57 in the previous year. Of those 253 complaints, roughly 37 were cases left unsolved by the previous Board. The severity of the complaints vary from allegations of excessive billing for services to charges of gross misconduct in the practice of medicine. Also included are complaints referred to the Board by federal and state agencies involving the prescription of controlled substances by physicians for non-medical purposes, in violation of General Laws Chap. 94C, sec. 19a and Medicaid or other health insurance providers frauds. We have closed 126 cases; a small number of the closed cases were reopened because of the complainant's dissatisfaction of our handling of his case. The vast majority of the complaints were closed because the data gathered during the course of the investigation did not substantiate the allegations made in the context of the complaint. The remainder of the cases were closed because action was taken against a physician, or the situation was rectified satisfactorily for the complainant.

Fifteen of our cases were referred to other agencies, most of them to the Attorney General's office. We now have 112 complaints pending.

Our investigator is collecting all pertinent information; once the investigation is completed the case is sent to the Complaint Committee for review. Members of the Committee decide on further investigation, informal disposition or a recommendation to the Board that the physician be cited for an adjudicatory hearing. The Board issued 25 Orders to Show Cause for adjudicatory hearings; eight hearings have been completed and 17 are pending. The Board has revoked two licenses and accepted two voluntary resignations. However, on one of these resignations the physician did not accept the conditions imposed by the Board and withdrew his voluntary resignation. The Board subsequently voted to issue an Order to Show Cause and will conduct a hearing in the case. In the first eight months of its existence, the Board did not have administrative support to properly handle the volume of complaints. Members of the Board invested a tremendous amount of their time doing the investigations and preparing cases. In August, we finally hired one investigator, and another one in September. The Executive Secretary was also hired in September. Unfortunately the workload became such that we needed to hire a second lawyer. Since there were no funds available, one of the investigators had to be discharged and replaced by a lawyer. Because of all these changes in personnel, and also because it is the first time that investigatory and legal resources have been made available to this Board, specific guidelines for the conduct of investigations will have to be formulated, so that we may more effectively utilize our resources, and possibly shorten the time it takes to deal with complaints. At the moment, the investigator and the lawyer have to type all correspondence and documents. We strongly recommend the addition of a good typist, who would also assist in other office functions, particularly with the forthcoming reregistration of

physicians in 1978 and 1980. Each of the applications for renewal (we expect 15,000) will have to be checked manually in order to determine that the Board's requirements for relicensure have been met.

Another of our major needs regarding medical discipline, which was mentioned in Chap. 362 of the Acts of 1975 but in reality was never funded, is the following: "The Board may appoint legal counsel and assistants as may be required; may make contracts and arrangements for the performance of the duties of the Board." No funds were appropriated for hiring medical or legal consultants, and therefore the Board is unable to process certain complaints such as those against psychiatrists, ophthalmologists, and other complicated complaints which require review by specialists in the field. As it stands, the majority of these complaints were given to us by the previous Board, because of their lack of resources to deal with them, and we might very well do the same to our successors! In order to expedite hearing proceedings, the Board adopted on June 4th the hearing officer system for the majority of the cases under the administrative laws of the Commonwealth. Cases may be heard by a hearing officer in the Division of Hearing Officers, or by a panel made up of Board members. Upon completion of a hearing, which in some instances have lasted four days, findings of fact are prepared and may include a recommended decision. This document is sent to both the Board's prosecutor and counsel for the defendant. Each party is notified of the meeting at which the Board will make a final decision and notified of the opportunity to file written or oral objections before the Board. The Board then makes a final decision. The hearing officer system is not completely satisfactory because it does not allow members of the Board to ask relevant medical questions prior to the findings of fact. However, with no money to pay

consultant fees or to pay for medical experts, the Board is forced to use the hearing officers for the majority of the adjudicatory cases. Massachusetts would be well advised to look into disciplinary boards of other States in the country, whose sole purpose is to hear cases, and whose composition is made up of one member of each recognized specialty of medicine, thus preventing fragmentation of the process and assuring both parties in each case, that those making a judgment are in possession of all the information available to them.

In the course of the year, the Board adopted the following policies regarding complaints. Communications which do not involve complaints will be kept in a separate file rather than in an individual physician's file. The Board also stated that the length of time that elapses between an incident and a consumer complaining about it shall conform with statutory limitations regarding malpractice, which is three years, unless otherwise voted by the Board.

11. BUDGET

This Board took office midway through fiscal 1976. After reimbursements to the members of the previous board, the Board had a balance of $5,938 with anticipated expenditures of $7,290. For traveling expenses, we had $181.00 with anticipated expenditures of $795. From the beginning, this Board was faced with inappropriate funding, and the situation has remained unchanged. While the mandate was increased, the budget to implement it was reduced by 10%. A deficiency budget was filed on March 1, 1976 and was never acted upon, because it did not reach the budget office. Therefore, in July, we filed a Prior Year Deficiency Budget only to find out in October, one week before the books were to be closed for FY76, that this was not the proper procedure to follow. After much discussion with the

the budget director, we finally found out that the position code numbers we had been waiting for were the same as those utilized by the previous board, and that Board members would be reimbursed simply by filing claims for all expenses, which were finally paid eight months after the establishment of the Board. We all accepted this situation and blamed the state of confusion to the period of transition; we then began planning fiscal 1978. A budget was designed to meet the mandate to the Board: $32,960 for the operations of the Board itself (we now have $10,124 which lasted six months) and $256,722 for administrative support (we got $144,674 for FY76). We were advised that level funding had been requested for all agencies, that there had been a 10% cut in the budget of the previous board, and that is what we were expected to have through 1979, regardless of the revenue generated by the Board. Based on statistics available in the office we estimate the total revenue to the Commonwealth through licensure of physicians to be:

Licensure of physicians	$183,846.50
Relicensure of physicians	632,900.00
Physical therapy-licensure-relicensure	29,347.00
TOTAL	$846,093.50

In order to establish a comparison, let us divide reregistration fees in half, since we have biennial reregistration of physicians and physical therapists:

Reregistration of physicians	$316,450.00
Reregistration of physical therapists	9,305.00
Annual licensure of physicians	183,846.50
Annual PT licensure	10,737.00
TOTAL	$520,338.50

The adjusted annual income generated for a 12-month period is $520,338.50, and our level of funding is $154,798.99 or 30% of the revenues; 70% of revenues generated through licensure and relicensure of physicians and

physical therapists is returned to the General Fund. If one does not wish to annualize the income of the Board and simply look at available figures for 1976, the revenue was $846,093.50 versus an appropriation of $154,798; we therefore reverted 81% of the revenue to the General Fund ($691,294.51), and will continue doing so every two years. Needless to say, we are now well within the statutory limits imposed on us by Chap. 362 of the Acts of 1975, to quote: "The expenses and compensation of the Board of Registration and Discipline in Medicine ... shall not be in excess of the amounts received by the Commonwealth for certificates of renewal or any registration fees under this section." It is therefore strongly recommended for the public protection and safety, that legislation be introduced on behalf of all Boards of Registration in the Commonwealth, guaranteeing that a maximum of only 30% of all the fees collected through licensure and relicensure, can be reverted to the General Fund. Such action would not be necessary if the Legislature understood that inherent in the concept of regulation is the principle of protection of the public against the incompetent and unethical practitioner; the Commonwealth must be ready to pay for operating expenses if indeed it is concerned with public safety. In the event that a licensee is suspected of wrongdoing, the State must also guarantee that his case will be disposed of in a proper manner.

12. CONCLUSIONS

This report concludes with an assessment of the state of medicine in Massachusetts today. Such a difficult topic would require a long discussion so that only the most important features may be considered here.

After January 1, 1976, the new Board required several months in order to establish a firm basis for action. Matters of finance that were reflected by inadequate personnel and space had to be conquered. The Board had to

establish rules and regulations that would be acceptable to courts of law. Meanwhile, physicians in the State were concerned more with the problems of malpractice than any other item. While the Board has to some extent played a somewhat peripheral role in such actions, it has been in close contact with the members of the Malpractice Commission in many ways. Furthermore, it is obvious that unless the Board performs its duties in a satisfactory fashion, the malpractice problem will continue to escalate. It is very pleasing to report that the track record in Massachusetts in 1976 has been extraordinarily good. The medical tribunals have functioned well. They have heard nearly half of the claims that have been presented to them and about 60% of those that have been heard have been found to have no element of malpractice involved. The remainder are due to unfortunate medical results; at the present time there is no provision made for recompense for such injured patients, although various insurance mechanisms are being considered by the Commission. The fees for malpractice insurance, which are much lower in this State than they are in many others, have been high enough to produce a very tidy financial reserve. The Joint Underwriting Association has been functioning so satisfactorily that it will be extended for a further period of time; approximately 8,000 doctors are enrolled in it now.

The Board has been deeply concerned with the maintenance of competence of the profession and has devoted extensive discussions to the methods by which it may be monitored. Details of continuing medical education, which seems to be the most appropriate method, have been completed and will be presented at a public hearing shortly with the expectation that CME will be one of the conditions for reregistration in 1980. The Board in conjunction with Mr. Elliot Stone, the director of the Health Manpower Statistics

Project, is engaged in preparing a detailed questionnaire to be used for reregistration purposes in 1978, which should provide the basis for a complete directory of physicians in the State that will be available to the general public.

One of the problems that became very acute during the past year was the impact of the costs of the Medicaid program, not only with regard to hospitals, but to individual practitioners. Severe cuts in the reimbursement policies have led to a great deal of rancor in the medical profession and refusal by many physicians to treat Medicaid patients. Hospitals have been subjected to the same problems of reimbursement. This problem will require attention of the Board.

One of the developing trends that must be considered is the fact that a concerted effort is apparent on the national scene to reduce the number of hospital beds in the country. Already waiting lists in the large metropolitan hospitals have become long and patients who should receive immediate attention are subjected to delays that certainly are not in the best interests of good patient care. Meanwhile, some (but not all) suburban hospitals have empty beds and some of the veterans' hospitals likewise have a comparatively low occupancy rate. Some integration of facilities undoubtedly will be necessary in the coming years. The Board will have several functions in these developments; it must assure the public that standards of doctors are maintained at a high level, and that physicians and surgeons function in specialties in which they are competent and in locations where adequate facilities are available.

Meanwhile, the practice of medicine remains at a high level in the State of Massachusetts. This state, with four medical schools, now has approximately 3,000 of about 60,000 medical students in the United States within its borders. Many metropolitan hospitals are centers of education

and research and draw patients from not only the local communities but from all over the world. Despite escalating costs new methods of delivering health care, such as the Harvard Community Plan, and the plans developed by medical foundations have evolved. Important new hospital construction has begun and plans made, though not yet implemented, in some areas for large ambulatory centers.

There is no question that medical care now is more sophisticated than at any previous time in history. Many questions remain. For example, would all this care be necessary if individuals took proper care of themselves? Will the costs of medical care become so great that such care will be denied to certain members of our population? The alternatives are uncomfortable and unpleasant, but must be faced in coming years.

TABLE I

VOLUME OF BUSINESS FISCAL YEAR 1976
REGISTRATION OF PHYSICIANS

Year	1972	1973	1974	1975	1976
Endorsements Nat. Boards	681	697	749	774	891
Endorsements Other States	230	253	228	404	460
Flex Examination	143	144	118	134	243
TOTAL Full Registration	1094	1152	1155	1312	1594
Limited Registration	2900	2058	2138	2564	3124
Medical Assistants	446	402	730	361	556

Sources - Board of Registration and Discipline in Medicine Cash Receipts

TABLE II

VOLUME OF BUSINESS FISCAL YEAR 1976

REGISTRATION OF PHYSICAL THERAPISTS

Year	1972	1973	1974	1975	1976
Endorsements	40	73	--	81	100
Examinations	72	120	180	123	149
Renewals	1422	35	1559	109	1861

Sources - Board of Registration and Discipline in Medicine - Cash Receipts

TABLE III

VOLUME OF BUSINESS CALENDAR YEAR 1976
COMPLAINTS

Total received.....253*

Total closed.....126

Referred to other Agencies.....15

Cases still pending.....112

Sources - Complaint Docket - Board of Registration and Discipline in Medicine
* Includes 37 complaints left unresolved by the previous Board

TABLE IV

VOLUME OF BUSINESS [illegible]
ADJUDICATORY HEARINGS

Orders to Show Cause.....25

Hearings completed.....8

Hearings pending.....17

Licenses revoked.....2

Voluntary resignation.....1

Agreement not to renew license in 1978.....1

Sources - Board of Registration and Discipline in Medicine - Complaint Docket

TABLE V

VOLUME OF BUSINESS

COMPLAINTS

Year	1972	1973	1974	1975	1976
Complaints received	38	41	67	57	253
Complaints dropped	15	14	0	0	0
Complaints Invest.	23	27	67	57	253
Licenses revoked	0	3	0	2	2
Licenses suspended	0	3	0	1	1
Licenses reinstated	0	3	0	3	0

Sources - Analysis of the Minutes of the Board of Registration and Discipline in Medicine and of the Board of Medicine

TABLE VI

MONTHLY DISTRIBUTION OF COMPLAINTS

Calendar Year 1976

January	45*	February	15	March	14
April	16	May	20	June	21
July	25	August	19	September	30
October	13	November	13	December	13

TOTAL OF COMPLAINTS 253

* Includes 27 complaints [illegible]

TABLE VII

ESTIMATED INCOME FISCAL 1976

Physicians' Licensure				
National Board Endorsements	891	@	$75	$66,825.00
Endorsements Other States	460	@	$75	$34,500.00
FLEX Examinations	525	@	$125	$65,625.00
Limited Licenses	3124	@	$5	$15,620.00
Medical Assistants	556	@	$1	$ 556.00
Verifications	329	@	$1	$ 329.00
	117	@	$2	$ 234.00
	315	@	$5	$ 1575.00
Physicians Reregistration	12,658	@	$50	$632,900.00
TOTAL INCOME FROM PHYSICIANS' LICENSURE.....				$818,164.00
Physical Therapists' Licensure				
Examinations	163	@	$50	$8,150.00
Endorsements	100	@	$25	$2,500.00
Reregistration	1861	@	$10	$18,610.00
Certified Statements	86	@	$1	$86.00
TOTAL INCOME FROM P.T. LICENSURE.....				$29,346.00
TOTAL INCOME FROM PHYSICIANS AND P.T. LICENSURE.....				$847,510.00

Sources - Board of Registration and Discipline in Medicine - Cash Receipts for Fiscal Year 1976

TABLE VIII

INCOME VERSUS APPROPRIATIONS

Fiscal Year	Income	Expenditures	Income reverted to General Funds	Percentage
1972	$136,309.88	$ 47,739.02	$ 88,570.86	65%
1973	$123,533.28	$ 44,170.05	$ 79,363.23	65%
1974	$141,906.00	$ 62,518.00	$ 79,399.00	55%
1975	$160,684.00	$ 70,398.09	$ 90,285.91	56%
1976	$847,510.00	$154,798.99	$691,294.51	81%

Sources - Board of Medicine - Annual Reports

BOARD OF REGISTRATION AND DISCIPLINE IN MEDICINE TABLE IX

TIME UTILIZATION BOARD MEETINGS 1976

Board Members

	Welch	Annas	Cloutier	Benn	Cassidy	Sharipo	Donahue
Jan							
26	X	X	X	X	X	X	X
Feb							
6	X	X		X	X	X	X
13	X		X	X	X	X	X
20		X	X	X	X	X	X
Mar							
5	X	X	X	X	X	X	X
19		X	X	X	X	X	X
April							
2	X		X		X	X	X
13	X	X	X	X		X	X
30	X	X	X	X	X	X	X
May							
21	X	X	X	X	X	X	
June							
4	X	X	X	X	X	X	
18	X	X	X	X	X	X	X
25	X	X	X	X		X	
July							
2	X	X	X	X	X	X	X
16	X	X	X	X	X	X	X
August							
6	X	X	X	X	X	X	
Sept.							
10	X	X	X	X	X	X	X
17	X	X	X	X		X	X
Oct.							
1		X	X	X		X	
15	X	X	X	X	X	X	
Nov							
5		X	X	X		X	X
16	X	X	X	X	X	X	X
Dec							
3	X	X	X	X	X	X	X
17	X	X	X	X	X	X	X
TOTALS	24	20	22	23	23	19	24	18

Sources: Minutes of Meetings Board of Registration and Discipline in Medicine

BOARD OF REGISTRATION AND DISCIPLINE IN MEDICINE TABLE X

TIME UTILIZATION BOARD MEMBERS 1976

o - time spent working in the office, or at Board meetings and hearings
no- work at home, at other offices or attending meetings

	Welch		Annas		Cloutier		Benn		Cassidy		Shapiro*		Donahue	
	O	NO	O	NO	O	NO	O	NO	O	NO	O	NO	O	NO
Jan	1	0	1	2	3	0	1	0	1	1	-	-	1	0
Feb	2	4	2	8	12	0	3	2	3	1	-	-	3	1
Mar	1	7	2	7	19	0	2	1	2	3	-	-	2	0
Apr	3	3	2	4	19	0	2	2	2	2	-	-	3	1
May	1	2	1	4	16	0	2	0	1	3	-	-	0	3
June	3	1	3	3	15	0	3	0	2	2	-	-	1	0
July	2	3	2	6	14	0	2	0	2	0	-	-	2	0
Aug	1	3	1	2	3	7	1	0	1	2	-	-	0	0
Sept	2	3	2	3	15	0	2	0	1	2	-	-	2	2
Oct	1	2	2	3	13	2	2	0	1	2	-	-	1	0
Nov	(2)	(1)**	2	5	12	0	(2)	0	1	2	-	-	(1)	(1)
Dec	(2)	(2)	2	1	8		(2)	0	(2)		-	-	(2)	(1)
TOT	52		70		158		29		39		0	0	27	

*Dr. Shapiro did not claim for any day of work or attendance at board meetings while he was Assistant Commissioner of Public Health. He will now have to be included in our anticipated budget.

** Days claimed for but not yet reimbursed.

Board members worked a total of 375 days; 125 of those days were for board meetings.

BOARD OF REGISTRATION AND DISCIPLINE IN MEDICINE TABLE XI

Expected cost of operation for Fiscal Year 1978

BOARD'S EXPENSES

- per diem reimbursement 7 board members - 650 days @ $35.	$16,951
- traveling expenses	$ 2,250
- board supplies memberships and dues	$ 4,800
	$29,800
Requested for Fiscal 78	$10,124
Expected Deficit	$18,786

OFFICE EXPENSES (Administrative Support)

- Staff Executive Secretary 2 Investigators 5 Clerks	$80,803
- Supplies Examinations (2 FLEX 2 P.T.) Proctors Rental of Rooms and Chairs	$61,550
- Funds for Medical Discipline *	$75,000
- Travel for 2 investigators	$ 1,200
- 3 typewriters 1 desk 1 chair	$ 2,200
- Upgrade one position (Head Clerk to Adm Assistant)	$ 1,500
- Senior Stenographer (with legal experience)**	$ 6,659
	$228,912
Requested for Fiscal 78	$144,674
Expected deficit	$ 84,238

* Please refer to attached statement for breakdown
** New position does not need to be created as long as we have a typist coming in on a voluntary basis twice a week.

The total expected cost of operation for the Board of Medicine for Fiscal 1978 is therefore $258,712. The budget request for Fiscal 1978 was the same as the one for 1977, namely $154,798. While all the functions pertaining to registration are adequately funded, disciplinary proceedings are not. If the board has to curtail its activities, it will be in the areas most needed for the protection of the citizens of the Commonwealth; i.e. removing from the practice of medicine incompetent and unethical practitionners.